Z

1 PLACE OF DEATH	STATE OF MARYLAND
11881 (I	CERTIFICATE OF DEATH
County	Pagistration Dist No. 9
Mars for the	Registration Dist. No.
Village or City (No,	St; Ward) (If death occurred in a hospital or Institu-
060110	tion, give its NAME in- stead of street and
² FULL NAME DUM	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH TO A AA 15 5
MARRIED WIDOWED OR DIVORCED	(Mouth) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTR	nor: 1/ 1922 70 mr. 15 1922
1000, 4 1920	that I last saw housealive on Por 11 192 2
(Month) (Day) (Year)	and that death occurred on the date stated above, at 3. A.m.
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
8 I dayhrs.	THE CROSE OF DEATH 27 was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work.	Leuk A Make Getent and what
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs mos de.
9 BIRTHPLACE	Contributory Mynym Jacobse Secondary
(State or country) will wind.	Duranico via 2 tmos. de
10 NAME OF FATHER	(Signed) Cloftin Kaus M.D.
haves farming	March 2 1 (D) refer to War.
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in death's from
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of (Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER (State or country) Walling	At place of death yrs. mos da. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
an Allum Ahriches	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL TAFE OF BURIAL
(Address) I LAN LANGE WAY	ex tholas you to now 14 2
15 Am 114 6 Alla 04 10. L	20 UNDERTAKER ADDRESS
Filed 192 2 Registrar	Tours of The San Contract
	very xernes
ur more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, er," ete., Whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day But in many

Statement of Cause of Death—Name, first, the discass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely "Uraemia," "Weakness." ctc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." (Racommendations on state-Chronic valvulur heart disease; Struck by railway Always qualify all "Coma," "Con-(second-(disease

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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7

BINDING

FOR

IN RESERVED

V. S. No. 1.

PLACE OF DEATH County Deal 11882 Village or City Port Deposit (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
FOLL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 8 SEX	if DATE OF DEATH Control 17 192 Z 192 Z 192 Z 193 Z
TAGE S DATE OF BIRTH (Month) (Day) (Year) If LESS than I dayhrs.	that I last saw her alive on 1927, to 1927, that I last saw her alive on 1927, and that death occurred on the date stated above, at 3.30 mm. The CAUSE OF DEATH & was as follows:
s OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Moobing Cough (Duration) yre moe 7 de
9 BIRTHPLACE (State or country) Deeil 60	Contributory
10 NAME OF FATHER CONTINUE BARRING 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferents, or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Poto Delivait my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Battest md, Mov. 19., 19.2-2
Filed nor. 18- 1927 M.R. Caucace	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thun: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Sorrant, Cook, state occupation at begin .. definite salary), may be entered a Housewije, House whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At Lonic Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Lahorer," "Toreman," "Manager," "Dealworked on may form par of the second statement. (a) Foreman. (b) Automobile factory. Spinner, (b) Cotton mill; (u) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the cases, especially in incus rial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter Civil engineer, Stationary faremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Ocenpation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day 000 limess. If retired from As examples: (a) The material therefore an

spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect Lobar pncumonia, Bronchopncumonia ("Pneumonia," typhoid fover (never report "Typhoid pneumonia"); ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same acceptferce (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the pis-

> head of "contributory" quenees (e. g., sepsia, telanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbot's and train-accident: Rev 1 ---Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which aurgical operation was under "PUERPERAL sep 'icaem'a." "PUERPERAL peritonitis," etc. diseases resulting from can be ascertained as the cause. Always qualify all "Uraemla," "Weaknes " etc., when a definite discase rhage." "Inanttion" "Marasmus," "Old Age." "Shock," "Dropsy." "Enhangth n." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal vulsious." causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interestitica aephritis, etc. use of "Tumer" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; (secondary or intercurrent) affection need of cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discuse; (R commendations on statechildbirth or priscarriage - probably suicide. round of head-homicide; "Heart failure." "Haemor-Example: Mcasics The contributory The na-(second-(discase not be

the surfficate, is permanently filed. tions answered in Ge all, it will prevent further correspondence. Ill the that is assential and must be obtained before If this certificate is 10 ked over thoroughly and all ques-

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus: Farmer (redefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutles of the whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. the first line will be sufficient, c. g., Farmer or Plunter, (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day But in many

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BINDING

FOR

GIN RESERVED

vi

	PLACE OF DEATH	STATE OF MARYLAND
	Cecil	CERTIFICATE OF DEATH
C	County-	(46)
	COUL RS	Registration Dist. No.
3.7:11	lage or City Chilori (No	St:Ward) (If death occurred in
VIII	age or City	St.; Ward) (If death occurred in a hospital or institu-
	· Channel Bra	a hospital or institu- tion, give its NAME in- stead of street and
	² FULL NAME	number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX [4 COLOR OR RACE 5 SINGLE, Widowid	16 DATE OF DEATH
7	MARRIED, WIDOWED	110t. T 1922
700	or DIVORCED	(Month) (Day) (Year)
	(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 11	ATE OF BIRTH	Oct 1922, to 200 4 , 1922
	no information , 862	that I last saw h w alive on Wy 3 192.2
	(Month) (Day) (Year)	6.4
7 A	If LESS than	and that death occurred on the date stated above, at
	(a) I dayhrs.	The CAUSE OF DEATH & was as follows:
	yrsmos,dsormin. ?	
8 0	CCUPATION 2/	Carcinoma of alerus
P	a) Trade, profession or Tousewife	
P	b) General nature of industry	7
	usiness, or establishment in	(Duration)yrs,mos,ds,
	rhich employed or (employer)	Contributory
di di	(State or country)	Secondary
	· · · · · · · · · · · · · · · · · · ·	
	10 NAME OF Z	(Signed) I / Herbert Dates M. D.
-	righey Car ver	nor 4/m3 un, Elkton md
RENTS	II BIRTHPLACE OF FATHER	*State the Disease Causing Death or in deaths from
M	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal,
AR	12 MAIDEN NAME OF MOTHER 21	
۵	Margare Nononos	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country)	of death yrsmosda. State,yrsmosda.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	m O humay	Former or
	(Informant)	usual residence.
	(Address) Prymaus Va	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
15	(Address)	Juneara Phila Pal Mr 6, 1922
	Filed for S' 1922 Frank frager	20 UNDERTAKER ADDRESS
2	Registrar	24 Winding PORA Tul
		in a primary control
	ur more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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head of "contributory." quences (e. g., sepsis, telanus) may be stated under the diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. eausing death), 29 ds.; Bronchopneumonic use of "Tunnor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of linigs, men-Nomencluture of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaem's." "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." vulslous." stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory Poisoned by carbolic acid-probably suicide. train-aecident: Revolver wound of head-homicide; (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLEND DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular (Recommendations on stateheart discase; "Coma," "Con-"Haemor-(second-(disease (merely

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DEC 7 1922

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1	1 PLACE OF DEATH			STATE OF M	TARYLAND
1	Cecil	11885.	(46)	CERTIFICATE	OF DEATH
Villa	age or City Eltton Elsie	Mysion Ho May low	spital	RegistrationSt.;Ward)	(If death occurred a hospital or institution, give its NAME stead of street number.)
	PERSONAL AND STATISTICA	AL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
7 SI	exale white	SINGLE, Manied MARRIED, Manied WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEAT	(Month) CERTIFY, That I at	Zo , 192
6 DA	ATE OF BIRTH	30 , 1.488 (Day) (Year)	that I last saw h.	192. 2, to 2	v 20 ,19
7 AG	34. yrs. 2. mo	lf LESS than I dayhrs.		ATH 🎠 was as follows:	a above, at
(a) pa (b) bu wh	Trade, profession or House of the profession or House of General nature of industry siness, or establishment in hich employed or (employer)	. :	Contributory Secondary	(Duretion)	.yrsmos.
ARENTS	10 NAME OF CLAS DEC. 11 BIRTHPLACE OF FATHER (State or country) 12 MATDEN NAME	Valinger njland	Violent Causes,	(Address) Olsease Causing Death, state (1) Means of Injudal or Homicidal.	Aton Wood
٥	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST	y Laud ry Laud	At place of death yrs	nosda. In the	
15	(Informant) Paul Ca (Address) LKt iled Nocl 22 1922 f Sa	ans Jazza	Former or usual residence.	LAL OR REMOVAL	Nov 22, 19: Address

If more blanks, are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

(Day) That I attended the deceased from

date stated above, at Z A m.

Duration)ds.

(For Hospitals, Institutions, Trans-

State, yrs. mos. da.

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, '(b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in wany Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tlou applies to each and every person, Irrespective of fulness of various parsaits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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N. E.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATM in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD IS A PERMANENT BINDING FOR WITH UNFADING INK---THIS GIN RESERVED AINLY, WRITE V. S. No. 1.

COUNTY CO	1	PLACE OF DEATH			STATE OF	
Village or City Lange Grant City (No. 1997) PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 NINGLE WILD WINDWED OR WIND		county Cecil	11886	(91-6)	CERTIFICATE	OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE. WINDOWED OR DIVORCED		Partie	Ma Perry Point.		Registration	Dist. No.
3 SEX 4 COLOR OR BACE 5 SINGLE. MARKEE MARK	Vil	Ste	hen Ca	ther	St.;Ward	a hospital or institu- tion, give its NAME in- stead of street and
MADLE OF HIRTH TAGE (Month) (Day) (Your) (Address) (Month) (Day) (Month)		PERSONAL AND STATISTI	CAL PARTICULARS	MEI	DICAL CERTIFICATE	OF DEATH
WINDOWED OR DIVORCED (Write the word) 6 DATE OF HIRTH CAT 20 (1927, That I attended the deceased from that I last saw hand, alive on MAN, 1927, and that death occurred on the date stated above, at 1927, that I last saw hand, alive on MAN, 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 1927, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above, at 292, and that death occurred on the date stated above	3 5	SEX 4 COLOR OR RACE		16 DATE OF DE	ATH Z	10
that I last saw have alive on North 192 method of the country of the CAUSE OF DEATH is was as follows: SOCCEPATION If LESS than I day has been alive on the date stated above, at 10.2 fm. The CAUSE OF DEATH is was as follows: SOCCEPATION All Trade, profession or particular kind of work The CAUSE OF DEATH is was as follows: Object	In	ale white	OR DIVORCED	17 I HEREI		
TAGE If LESS than day	6 1	DATE OF BIRTH	1/	Oct 2	0 192 7 to 22	OV 18 , 192 7
The CAUSE OF DEATH & was as follows: Contributory Contributor		(Month	(Day), 1.840			
S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in the which employed or (employer) that the profession or particular kind of work (b) General nature of industry business, or establishment in the which employed or (employer) that the which employed or (employer	7 A	GE C				ed above, ac.:. v y y
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). (b) General nature of industry business, or establishment in which employed or (employer). (c) BIRTHPLACE (State or country) (Durstion) (Signed) (State or country) (Informant) (Informant) (Address) (Add		2. yıs. X	/ 4 .	G	1	ni.
business, or establishment in which employed or (employer)	13.	a) Trade, profession or	eman.			
Secondary State or country Coun	15 b	usiness, or establishment in	anite Suarref.	Contributory	- 40 0 0	1. yrs. 2 . mos de.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRIE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 16 Filed 17 18 18 19 19 19 19 10 10 10 10 10 10	9 B		Mand.		(Duration)	yrsmos. / 2_ds.
18 HIRTHPLACE OF MOTHER (State or country) (Informant) (Informant) (Address) 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 11 PLACE OF BURIAL OR REMOVAL 12 PLACE OF BURIAL OR REMOVAL 13 HIRTHPLACE OF BURIAL OR REMOVAL 14 THE ABOVE IS TRIE TO THE BEST OF MY KNOWLEDGE 15 PLACE OF BURIAL OR REMOVAL 16 PLACE OF BURIAL OR REMOVAL 17 PLACE OF BURIAL OR REMOVAL 18 LENGTH OF RESIDENCE (Por Rospitals, Institutions, Transpiered in the State,, yrs mos da. 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ROSINTER 10 PLACE OF BURIAL OR REMOVAL 11 PLACE OF BURIAL OR REMOVAL 12 PLACE OF BURIAL OR REMOVAL 14 PLACE OF BURIAL OR REMOVAL 15 PLACE OF BURIAL OR REMOVAL 16 PLACE OF BURIAL OR REMOVAL 17 PLACE OF BURIAL OR REMOVAL 18 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER		16 NAME OF FATHER Land	ather	7000	SHICE	Dephet M.D.
OF MOTHER 18 HIRTHPLACE OF MOTHER (State or country) (Informant) (Address) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 11 THE ABOVE IS TRIE TO THE BEST OF MY KNOWLEDGE (Address) 12 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 13 HIRTHPLACE OF MOTHER (State or country) (At place of death yrs. mos. da. State, yrs. mos. da. (Address) 14 THE ABOVE IS TRIE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Former or usual residence 16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Registrar	SENTS	OF FATHER (State or country)	refland.	#Cinto the	Disease Couring Don't	n, or, in deaths from jury; and (2) whether
At place of death yrs. mos. da. Where was disease contracted, if not at place of death? (Informant) Common Ather (Address) Common Ather (Address) Property Ather Address A	<	OF MOTHER Markott Goley.		18 LENGTH OF	RESIDENCE (For Hos	
(Informant) (Imma), ather (Address) Puryville Ma (Address) 1922 M. Corrections (Address) 1		OF MOTHER	ryland.	At place of death yrs.		
(Address) Pryville MA (Address) Pryville MA Filed Mr. 77 1927 M. Comment Level Comme	14	THE ABOVE IS TRUE TO THE BI	EST OF MY KNOWLEDGE	Where was disease of if not at place of deat	ontracted, h?	- aurudurudtid 000 tilti 000 000 * * * * * * * * * * * * * * *
(Address) Swyrlle Ma Septenturghau Nov. 2, 1922 Filed nr. 7) 1922 M. Commercial Partiturghau Nov. 2, 1922 Rogintrur Lea Matterson Cerrfulle		(Informant) (Imma	V. Cather			
Filed nr. 77 192 2 NT Commerce 20 UNDERTAKER ADDRESS Rogintrar Lea Millerson Lerrfulle	The state of the s	(Address) Perry	ille, hid	19 PLACE OF BU	TRIAL OR REMOVAL	DATE OF BURIAL
If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	-	Filed 777 192 2 197	/	20 UNDERTAKE	R Allen and	ADDRESS
		If more blanks are ne	eded, address State Registrar.	16 W. Saratoga S	St., Balto., Requesting V	7. S. No. 1 111

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinier, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) Owil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re-Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as Day The material

Typhoid fever (never report "Typhoid pneumonia") spinal medingitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospina to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar Statement of Cause of Death-Name, first, the Dis-(the only definite synonym is "Epidemic eerebro pncumonia, Bronchopneumonia ("Pneumonia,"

> unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn." "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on head of "contributory." quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," vulsious," Whooping cough; Chronic valvular heart disease;(name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease The contributory (second-(merely ad tou ...Cou-

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County stated EXACTLY, proporty classified. f certificate. Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME instend of street and number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX IS DATE OF DEATH OR RACE | 5 SINGLE. MARRIED. WIDOWED OR DIVORCED (Month) (Day) (Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, 7 AGE If LESS than The CAUSE OF DEATH & was as follows I day hrs.yrs........ds..or.....ds..or.....min. & OCCUPATION (a) Trade, profession or particular kind of work....... + 8 d (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER information state OAUSE occupation i RENTS 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury; and (2) whether Accidentai, Suicidai or Homicidal. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE OF MOTHER uld s of death yrs mos da. (State or country) State, yrs. mos. da. 0 Where was disease contracted, 14 THE ABOVE IS PRUE TO THE DEST OF MY KNOWLEDGE if not at place of death?.... sho statement Former or (Informant) usual residence. 60 EVery 19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL (Address) more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

BINDING

FOR

RESERVED

(Approved by U. S. ('ensus and American Public 'Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House additional line is provided for the latter statement; it whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Antomobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidenic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on quences (e. g., scpsis, tetanus) may be stated under the State cause for which surgical operation was under diseases resulting from childbirth or misearriage as rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Concouditions, such as "Asthenia." ary), 10 ds. causing death), 29 ds.; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, sticidal, or Homicidal, or "PUERPERAL septicaemic." "PUERPERAL peritonitis." etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease vulsions." stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular use of "Tumor" for malignant neoplasms); Mcusles; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Cougenital," "Senile," etc.), Never report mere symptoms or terminal Example: Measles (disease "Апаетіа" heart discase; (merely (second-

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Survind Nov 15-1922 Cetholic Centry

SSI 8 NA

V. S. No. 1.

1	PLACE OF DEATH	STATE OF M	ARYLAND
6	ounty Cecil 11880 ((41) CERTIFICATE	OF DEATH
1	11000	Registration	Dist. No.
vin	age or City Serry wille (No	St.;Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 8		16 DATE OF DEATH	ant.
fe	male white Widowed Surgle OR DIVORCED (Write the word)	(Month) I HEREBY CERTIFY, That I att	(Day) , 1(22
6 1).	ATE OF BIRTH	nov, 7 1922, 10 No	27 .192 Z
	(M60th) (Day), 1909	that I last saw her, alive on No.	3 Q
7 AG	If LESS than	and that death occurred on the date stated	above, at
	13 yrs. 6 mos ds or min.?	The CAUSE OF DEATH & was as follows:	
	CCUPATION	Syaema, str	eptococcic.
) Trade, profession or ACO ACO		Sev Go ?
	o) General nature of industry usiness, or establishment in	(Duretien)	vrs
w	hich employed or (employer)	Contributory Infected	foot left
9 131	(State or country) The artifact	heel rubbed by shoe.	23
	10 NAME OF FATHER	(Signed) J. F. Magna	M.D.
40	Mariomo Vellar	Nov. 27 192 2 (Address) De	myrelle Ma
ENT	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ery; and (2) whether
PAR	OF MOTHER Maria Sygnoria	18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
	18 BIRTHPLACE OF MOTHER (State or country)	ients, or Recent Residents) At place In the of death yrs. mos da. State	,yrsmosda.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	(Informant) (Armin Simone	Former or usual residence	
	(Address) Herredelsrace me	19 PLACE OF BURIAL OR REMOVAL	LOV 28 1922
15	ile Track 2,8 1922 S. G. Filen	10 PODERTAKER	Appress
F	Filed Carlo 19221 State Registrar	Leea Patterson X	terrifiele
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto,, Requesting V.	8. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe For many occupations a single word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuinglis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanttion." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion." "Heart failure." "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopncumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e.g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. Whooping cough; Chronic valvular heart disease;(name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease (seeond-(merely

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vi.

N.

	PLACE OF DEATH 11889	STATE OF MARYLAND	
C	ounty level	CERTIFICATE OF DEATH	
Vill	age or City Elklow (No	Registration Dist. No.	
	2 FULL NAME Joseph Elision	St; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 5	tale white S single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Port 28 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from	
6 D	ATE OF BIRTH	nor 2-2 192 7, to 200 28 192	
	Marck 1 , 1922	that I last saw him, alive on Nov 27, 1927,	
A	(Month) (Day) (Year)	and that death occurred on the dete stated above, at 2 4 m.	
	If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:	
) (E	CCUPATION) Trade, profession or articular kind of work	Fronchopnemoria	
(t	o) General nature of industry usiness, or establishment in hich employed or (employer)	(Duration) yrs nos de.	
-	(State or country) Mory land	Contributory Medicle	
	10 NAME OF William Eder	(Signed) (Duration) , yre mos de (Signed) M. D.	
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
PAF	OF MOTHER Carolyn Elisson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
	13 BIRTHPLACE OF MOTHER (State or country) Mossy land	ents, or Recent Residents) At place In the of death yrs. mos	
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant) Win Eder	Former or usual residence	
5	(Address) Elkling, rud	Catholic Cemeliny Nov 90 1922	
F	iled Nov 29 192 Januar Bagur	20 UNDERTAKER ANDRESS (1.). Chemathy Celton Md.	
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1	

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer Farm laborer, Laborerer," etc., without more precise specification as Day Housemaid, etc. ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the worked on may form part of the second statement. (a) Forenan, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Satesman, (b) Grocery; cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations, a single word or term on or At Home, and children, not gainfully em-If the occupation has been changed -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." ture of the injury, as fracture of skull, and conseconditions, such as "Asthenia," inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee on quences (c. g., scpsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. symptomatic), "Atrophy," "Collapse," "Coma," "Conary). 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknese." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhanstion," "Heart failure," "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles "Anaemia" terminal (second-(disease (merely

If this certificate is looked over thoroughly and all questions—answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 1

N. B. -- Every item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. ECORD IS A PERMANEN BINDING WITH UNFADING INK---THIS RESERVED AINLY,

S. No. 1.

1

Village or Cicle Green R& 5	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9
2 FULL NAME John Wesley	Tours (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mole white Single, Marked, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
7 AGE (Month) (Day) , 18 J 2 (Year) If LESS than I dayhrs	The CAUSE OF DEATH % was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Indden Dealti
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chronic Myocardikis Secondary
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) no Information	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Receut Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(Informant) The John James	Former or usual residence.
(Address) Eelklein, Ind. RDJ, Filed Nov4 192 Frank Registrar Registrar If more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Columny Countery how, 6, 1922 20 UNDERTAKER ADDRESS A. J. Weinsatty believe md, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Dearis, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The material

Typhoid ferer (never report "Typhoid pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia fever (the only definite synonym is "Epidemie cerebro-Statement of Cause of Death-Name, first, the Dis-

> head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all vulsions," (name origin; "Cancer" is less definite; avoid Whooping cough; (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MILANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discase; (Recommendations on state-Example: Mcasles (disease Measles; terminal (second-(merely etc.

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all questhe data is essential and must be obtained before

the certificate is permanently filed.

GIN RESERVED FOR BINDING

V S. No. 1.

J			STATE OF MARKETEA	HITD
10	ounty Gall	11891	CERTIFICATE OF DE	ATH
	M /	181	Registration Dist. No	7/
	Hursell ale	18 4/1		
Villa	age or City	A.J. (No	a hospita	h occurred in
	Hi	role 1. T	Joruwy stead of number.)	its NAME in- street and
PERSONAL AND STATISTICAL PARTICULARS			nambet.)	
			MEDICAL CERTIFICATE OF DEATI	Н
3 81	EX 4 COLOR OR RAC	E 5 SINGLE,	16 DATE OF DEATH MAIN 3	2
7	vale while	OR DIVORCED	(Mouth) (Day)	, 182 (Year)
_		(Write the word)	HEREBY CERTIFY, That I attended the	
6 D.	ATE OF BIRTH	n n B	1922, to nov. 3	20 ,192 3
	Mynss	. 1/. 1871	that I last saw huy alive on MOV . 3	0 192 2
	(Mont	h) (Day) (Year)	and that death occurred on the date stated above, at	10450
AG.	2	If LESS the	The CALISE OF DEATH & was as follows:	
	20.2	dayhr	18.	
	CUPATION			·
	Trade, profession or	Carlan		_
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(b	rticular kind of work.) General nature of industry		- Institutinal system	4
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(b bu wl	General nature of industry siness, or establishment in hich employed or (employer)	charlos	Contributory acute Sastrilis with he	mos de
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RENTS WENTS	General nature of industry siness, or establishment in hich employed or (employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE	christon yland in Jardu aryland hlishley	*State the Disease Causing Death or, in de Violent Causes, state (1) Means of Injury; and (2) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institute, or Recent Residents)	3. M. E. M. E. M. E. Whether
RENTS WENTS	General nature of industry siness, or establishment in hich employed or (employer) RTH PLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	elrighon yland in Jadu aryland helshley nyland	*State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury; and (2) Accidental, Suicidal or Homicidal.	M. M
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DARENTS IN G	General nature of industry siness, or establishment in hich employed or (employer) RTH PLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 ABOVE IS TRUE TO THE I	yland in Jadho arryland helshley myland	*State the Disease Cousing Death or, in de Violent Causes, state (1) Means of Injury; and (2) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutents, or Recent Residents) At place of death yrs. mos. da. State, yrs.	BURIAL

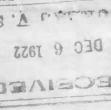
(Approved by U. S. Census and Americau Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the

Statement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of ture of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "Puerperal septicaemia." "Puerperal peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnant neoplasms); Meastes; vulsious." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; .. (name origin; "Cancer" is less definite; avoid "contributory." "Debility" ("Congenital," "Senile," etc.), Never report more symptoms or terminal (Recommendations on state-Always qualify "Haemor-(merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PLACE OF DEATH	STATE OF MARYLAND
County Cecil 11892	(161-a) CERTIFICATE OF DEATH
Village or City: Elklin md. (No. Universe Parvier	Registration Dist. No. 9.2 Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Widowed OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I affended the deceased from
(Month) (Day) (Year)	that I last saw handalive on 2000, 192 2
(Month) (Day) (Year) AGE If LESS than l day hrs. yrs	and that death occurred on the date stated above, atm. The CAUSE Of DEATH is was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Organiture Buth
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
(State or country) Elkhin, Md 10 NAME OF FATHER Laceuse M. Garrin 11 BIRTHPLACE OF FATHER (State or country) Prizing Sew, Md. 12 MAIDEN NAME OF MOTHER OF ACCOUNTS	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) New Beidge, Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yrs. mos. da. State. yrs. mos. da.
(Informent) Iddie E. Fauell	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Elklin, md.	Brook Voew Date of Burial 20 ENDERTAKER 20 ENDERTAKER ADDRESS
Registrar If more blanks are needed, address State Registrar	Tail de Sure Colora Mo

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons caployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House er," ete., en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an gary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pacumonia, Bronchopneumonia ("Pneumonia"):

Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and consetrain—accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause "PUERPIRAL scp icacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy." "Exhaustion," "Heart failure," symptomatic), "Atrophy," "Collapse," "Coma," "Couconditions, such as "Asthenia," "Anaemia" ary), 10 de. stated unless important. Example: Measles (disease vulsions," causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Chronic interstitial nephritts, etc. Whooping cough; (name origin; "Caneer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Scnile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart discase; (Rocommendations on state-The contributory "Haemor-(merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V 8. No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement e OCCUPATION is very important. See instructions on back of certificate.	
tem	Sta	
ry i	CCE	
Eve	sho OC	

County		118	893	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village	C'TW L	PORATE LIMITS			i
Village	er City		OF	Registration Dist. No	2-
	² FULL NAME	(No	August	St.;Ward) [if death a hospital or give its NAI of street and	ME Instead
	PERSONAL AND STATIS	TICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX		5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)		19 DATE OF DEATH (Month) (Day)	, 197 (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?			if LESS than 1 day, hrs.	that I last saw handlive on and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:	, 191
partic (h) busia	CUPATION Trade, profession, or colar kind of work Goneral nature of industry ess, or establishment in 1 employed (or employer)	9,1	•	(Dorstien) yrs. m	d
BIR'	THPLACE Size or country)	n Mari	Ramb	Contributory Secondary (Burglion) (Signed)	
PAREN	12 MAIDEN NAME OF MOTHER			*State the DISEASE CAUSING DEATH, or, in deaths from a CAUSES, state (1) MEANS OF INJURY; and (2) whether Accurate the Company of the Cause of the C	DENTAL.
4 THE	3 BIRTHPLACE OF MOTHER (State or equatry) ABOVE IS TRUE TO THE BES (Address)	T OF MY KNOWLE	DGE	At place In this of death yrs mss ds. State, yre ms Where was disease contracted, If not at place of death? Former or msuel residence	

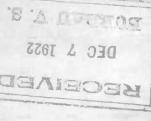
[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulwrite None. taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupathe second statement. many occupations a single word or term on the Compositor, Architect, various pursuits can be known. The question For perrons who have no occupation whatever, Never return "Laborer," Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) head-homicide; Poisoned birth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" by railway Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercurtrain-accident; g., sepsis, tetanus) may be stated by carbolic "PUERPERAL septichaemia," "Dropsy," "Exhaustion," "Uraemia," "Weakness," State cause for which FOR VIOLENT DEATHS Never report mere (Recommendations Revolver "Atrophy," acidwound -probably

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1.

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Z .

PLACE OF DEATH County Level 11894	STATE OF MARYLAND CERTIFICATE OF DEATH
/ Mar Elkton	Registration Dist. No.
Village or City Per Low (No. (No. (No.)	St; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mole white Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 23 , 182 2 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 12 ,922	that I last saw ham alive on Nov 5
(Month) (Day) (Year)	and that death occurred on the date stated above, at 1030P m
If LESS than I dayhrs.	The CAUSE OF DEATH A was as follows: Marasmus Lise To im
8 OCCUPATION (a) Trade, profession or particular kind of work.	proper diel no fruther information cuses
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs mos ds.
9 BIRTHPLACE (State or country) Mory loud	Secondary
10 NAME OF Robert Goodyear dr	(Signed) At Monison M.D. Nov 24 192 2 (Address) Ellston
11 BIRTHPLACE OF FATHER (State or country) Peuma, 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Suipers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Maryland	ients, or Recent Residents) At place In the of death yrs mos da. State, yrs mos da.
14 THE ABOVE IN THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) of Loodyear dr	Former or usual residence
(Address) Elkbr. my, RD,	Cherry Hill Cecultry Wol yy 1972
Filed Nove 24 1922 Flower Bogston	20 UNDERTAKER PODRESS ELLA MA
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED ERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing death. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus: Furmer (re-Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are eugaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form parts of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor. Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc For many occupations a single word or term on without more precise specification as Day The material

spinal meningitis"); Diphthoria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis-

> causing death), 29 ds.; Bronchopnenmonia head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puritheral septicaemic." "Pufferal peritonitis," etc. "Uraemla," "Weaknes:" etc., when a definite disease vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mulignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; -aecident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURI "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease "Anaemia" (second-(merely

tions answered in detail, it will prevent further correspond. If this certificate is looked over thoroughly and all quesall the data is essential and must be obtained before

the certificate/is permanently filed



vi.

PHYSI-

PLACE OF DEATH County County Village or City	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
² FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 2 Colored Single, Single WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Nov., 1922. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH Dec 16 907	Oct 29 1922, to nor 1, 1922,
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or A School particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Alauware	(Duration) yrs. mos. 3.ds. Contributory Opperation 7 Secondary 7 (Duration) yrs. mos. ds.
10 NAME OF PATHER Nicholas Free OF FATHER Nicholas Free OF FATHER (State or country) Many Land 2 MAIDEN NAME (1000)	(Signed) Nor 2 192 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place In the State,yrsmosda.
(Informant) COLUMN THE REST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Sylvan Ind	20 UNDERTAKER 18 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL 20 UNDERTAKER ADDRESS COLUMN ADDRESS
Registrar	H. W. John Con the

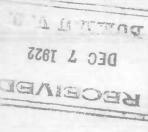
(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons caployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en, at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic eerchroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptematic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal vulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcaslcs (disease (seconddiscuse; etc.

the carrifornt is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quesall the data is essential and must be obtained before



No. 1. v.

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	PLACE OF DEATH			STATE OF W	TARYLAND
C	ounty Geal	11896	(88)	CERTIFICATE	012
Villa	age or City Port Deposit (N	10	in.	Registration St.;Ward)	
_	2 FULL NAME	TICLIL ADC	MI	EDICAL CERTIFICATE	OF DEATH
3 8	PERSONAL AND STATISTICAL PART EX 4 COLOR OR RACE 5 SINGLE,		16 DATE OF B	EATH	
Fen	nall Wyatta MARKIE WIDOW OR DIV (Write the	D, ED ORCED	17 I HER	(Month) EBY CERTIFY, That I at	(Day) , 152 (Year)
6 D.	ATE OF BIRTH		nov. 1º		, 192.2
	Slfumle (Month) (Da	y) (Year)		occurred on the date state	/
7 AG	yrs. f. mos.	If LESS than I dayhrs.	The CAUSE OF	DEATH is was actoliows:	
A (0	CCUPATION) Trade, profession or sarticular kind of work				
O b	o) General nature of industry usincess, or establishment in hich employed or (employer)		Contributor Secondary	Guration)	yrsmos
	10 NAME OF FATHER	m	(Signed)	Sufford & 13	Shew M.D.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	be.	*State t Violent Cau	he Disease Causing Death ses, state (1) Means of Inj	or, in deaths from
PAR	12 MAIDEN NAME of MOTHER Ida Make	nney	18 LENGTH OI	RESIDENCE (For Hospent Residents)	itals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	90.	At place of death yrs	mos da. In the	e,yrs, mosda.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE	Where was disease if not at pisce of de	ath?	0.000000000000000000000000000000000000
	(Informant) Ross Jury	v.	Former or usual residence		
15	(Address) Port Defros	<u> </u>	19 PLACE OF	BURIAL OR REMOVAL	NOV. 7, 1922
15	Tild Mar Go 1920	Registrar	20 UNDERTAR	120r	bolora md.
1	If more blanks are needed, addre	ss State Registrar	, 16 W. Saratoga	St., Balto., Requesting V	. S. No. 1.

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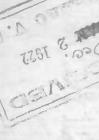
(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken en at home, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Labover," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, age. For many occupations a single word or term on tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, (b) Automobile factory. or Af without more precise specification who are engaged in the duties of the Home, and children, not gainfully em-For persons who have no occupation -Coal minc, etc. Wom-The material Crocery; Day

Statement of Cause of Death—Name, first, the discretion with respect to time and causation), using always the same accept of term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumenta"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences Nomenclature of the American Medical Association.) ture of the injury. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURY diseases resulting from childbirth or miscarriage as rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," Poisoned by curbolic acid-probably suicide. The na-State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Dropsy." "Erhausticn," "Heart failure." "Haemorconditions, such as "Asthenia," ary), To ds. stated uuless important. "Uraemia," "Weeknes:." etc., when a definite disease vulsious." causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal as fracture of skull, and conse-Chronic valvular heart discase; Example: Measles "Anaemia" "Coma," (second-(disease (merely "Con-

If this certificate is looked over thoroughly and all questions abtwered in detail, it will prevent further correspondence with the data is essential and must be obtained before the certificate is permanently filed.



CORD

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

20	St.; Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	MEDICAL CERTIFICATE	OF DEATH
P	16 DATE OF DEATH (Mouth)	/2 1! 22
- /2		77/2 , 1922 .
-	that I last saw h Malive on	1/3/(40)
AD	and that death occurred on the date stated	above, at //m.
rs.	The CAUSE OF DEATH % was as follows:	
	Carcinma (inv	
•		
-	Contributory (Marketon)	W fladdic
_	(Duration)	
_	(Signed) (Address) (Address)	Poulandail.
-	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju- Accidental, Suicidal or Homicidal.	or, in deaths from ery; and (2) whether
	18 LENGTH OF RESIDENCE (For Husplients, or Recent Residents)	tals, Institutions, Trans-
	At place of death yrs. mos da. State	, yre
-	Where was disease contracted, if not at place of death?	
	Former or usual residence	
	Holewell Com.	COVILL 1922
	29 SDERTAKER Sterson	Per full
ar.	16 W. Saratoga St., Balto Requesting V.	8. No. 1 - Wed.

If more blanks are needed, address State Registrar, 16 W. Saratoga

(Year)

If LESS the

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired or given up on account of the disease causing blath, gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. whatever, write None. business, that fact may be indicated thus: Farmer Housemaid, etc. If the occupation has been changed tired 6 yrs.). For persons who have no occupation, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material Sec.

Typhoid fever (never report "Typhoid pnenmenia") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same discase. Examples: Cercbrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the bis pneumonia, Bronchopneumonia ("Pneumonia

> ment of "contributory" (Racommon 3.1.1) unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Annemia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Mcastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinomu, Sarcoma, etc., of and qualify as Accidental. Suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY "Puerperal septicacmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor vulsions," (secondary or intercurrent) affection need not be Whooping cough; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Uracinia," "Weakness." etc., when a definite disease Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver around of head-homicide; Concentration of the American Medical Association.) of the injury, as fracture of skull, and conseof cause of death approved by Committee on "Debility" Chronic valvular heart disease; ("Congenital," "Senile," etc.) Always qualify all The contributory (merely (second-(disease

tions answered in detail, it will prevent further correspondences All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

	1 PLACE OF DEATH	STATE OF MARYLAND
	0 1000 to 11000	CERTIFICATE OF DEATH
Co	unty Cecil County 11890	Registration Dist. No.
		Registration Dist. No.
Villa	ge or City Conving (No. ,	St; Ward) (If death occurred in
	4	a hospital or institu- tion, give its NAME in- stead of street and
	2 FULL NAME duvis Edward	James number.)
		MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
3 SF	MARKIED,	Nov. 75 1929
	WIDOWED OR DIVORCED	(Month) (Bay) (Year)
->	Man Stack (Write the word)	IT I HEREBY CERTIFY, That I attended the deceased from
6 DA	TE OF BURTH	5 10730 1922; to 11 10 27, 1922.
181	June 15 1884	that I last saw h demaile on 1000 7 7 192. Zo
	(Month) (Day) (Year)	and that death occurred on the date stated above, at,
7 AG:	II LESS War	The CAUSE OF DEATH & was as follows:
	38 yrs. 5 mos. 14 de or min. ?	Pulmanary Julmeuloas
8 00	CUPATION	
(a)	Trade, profession or rticular kind of work	
10.00	General nature of industry	4
	siness, or establishment in nich employed or (employer)	(Duration) yrs. D. mosde.
	RTHPLACE 60	Contributory / Caraca
	(State or country)	(Duration)yrsmos,, da,
1	10 NAME OF	(Signed) A. J. Suod grase M.D.
	FATHER George Works	Notice That
TS	11 BIRTHPLACE OF FATHER	State the Disease Causing Death, or, in deaths from
ENT	(State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
A	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0	TUNN US. C. ATTOLITIES	Clents, or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the State,yrsmosda.
-	(State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 T	HE ABOVE IS TRUE TO THE BEST OF MI KNOWLEDGE	Former or
1	(Informant)	usual residence,
	Convinion humas	19 PLACE OF BURIAL OR REMOVAL
15	(Address)	Ant your, Maile 2,1925
, E	Sin 18C1- 192 I A	20 UNDERTAKER ADDRESS
2	Wise, M Wolffield Registrar	L.C. yson, Colora Ma
1	If more blanks are notifed, mirress State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
1/2	my rosued 4-01-17-2	g

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Faymer (rewhatever, write None. tired 6 yrs.). state occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed to report specifically the occupations ployed. as At school or At home. Care should be taken definite salury), may be entered as Housewife, House household only (not paid Housekeepers who receive a eu at. home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Never return "Laborer," "Foremau," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planton tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health given up ou account of the DISEASE CAUSING DEATH, Statement of Occupation-Precise statement of ocin domestic service for wages, as Servant, Cook, or At Home, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) and children, not gainfully em-As examples: (a) of persons en-But The material The ques-Wom-

Statement of Cause of Death—Name, first, the disease eausance of Death—Name, first, the disease eausance death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphilheria (avoid ise of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"):

Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ment of ture of the injury. Poisoned by curbolic acid-probably suicide. The na train—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained a "Uraemia," "Weeknesz." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhausticn." "Heart failure." "Haemorvulsious," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 de. "Purperal septicaemia." "Pupperal peritonitis, Chronic interstitial nephritis, etc. The contributory stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinomu, Surcomu, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia cause of death approved by Committee "Debility" Never report mere symptoms or intercurrent) as fracture of skull, and conse-Chronic valvular satha-cause. Always qualify all ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles affection need not be "Anaemia" heart "Coma," terminal discase; Mensics; (disease (second-(merely

If this certificate is looked over thoroughly and all questions an weight in detail, it will prevent further correspondince. All the data is essential and must be obtained before the certificate is permanently filed.



vi.

County Cecil Elytory (No		PLACE OF DEATH
Village or City 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORGED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than I dayhrs. yrs		ounty Cecil 1109:
PERSONAL AND STATISTICAL PARTICULARS 3 SEX		Elkhori CORPORATE LIMITS OF
3 SEX A COLOR OR RACE 5 SINGLE, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than dayhrs. d		2 FULL NAME James Thomas
Male White Wilder OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (If LESS than day hrs. day hrs. day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER (State or country) Allaway 11 BIRTHPLACE (State or country) Allaway 12 MAIDEN NAME OF MOTHER (State or country) Maryland		PERSONAL AND STATISTICAL PARTICULARS
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) (Month) (Day) (Year) 7 AGE If LESS than I dayhrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MOTHER (State or country) 17 MARY Lawrence 18 BIRTHPLACE OF MOTHER (State or country) 19 MARY Lawrence 10 MOTHER (State or country)	3:	Male White OR DIVORCED
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) (Year) 7 AGE (If LESS than I dayhrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 LICENST HANDEN 15 MAIDEN NAME OF MOTHER (State or country) 16 LESS than 17 dayhrs. 17 dayhrs. 18 LESS than 18 dayhrs. 19 Layhrs. 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 LONG 15 LESS than 16 dayhrs. 16 LESS than 17 dayhrs. 18 LESS than 18 dayhrs. 19 Layhrs. 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 LAYhrs. 15 LESS than 16 dayhrs. 16 LESS than 16 dayhrs. 17 dayhrs. 18 LESS than 18 dayhrs. 19 Layhrs. 10 NAME OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME (State or country) 13 BIRTHPLACE (State or country) 14 LESS than 15 dayhrs. 16 LESS than 17 dayhrs. 18 LESS than 18 dayhrs. 19 LAYhrs. 19 LAYhrs. 10 NAME OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME (State or country) 15 LAYhrs. 16 LESS than 17 dayhrs. 17 dayhrs. 18 LESS than 18 dayhrs. 19 LAYhrs. 19 LAYhrs. 10 LAYhrs. 10 LAYhrs. 10 LAYhrs. 10 LAYhrs. 10 LAYhrs. 10 LAYhrs. 11 LESS than 11 dayhrs. 12 LAYhrs. 13 LAYhrs. 14 LAYhrs. 15 LAYhrs. 16 LAYhrs. 17 LAYhrs. 18 LAYhrs. 18 LAYhrs. 19 LAYhrs. 19 LAYhrs. 10 LAYhrs. 10 LAYhrs. 10 LAYhrs. 10 LAYhrs. 10 LAYhrs. 11 LESS than 11 LAY.	6 D	
S OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MOTHER (State or country) 17 MATHER (State or country) 18 MAIDEN NAME OF MOTHER (State or country)		management of the second of th
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	7 A	TE .
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME (State or country) 15 BIRTHPLACE OF MOTHER (State or country)		/ 3 4 I dayhrs.
11 BIRTHPIACE OF FATMER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPIACE OF MOTHER (State or country) 13 CHERTHPIACE OF MOTHER (State or country) 13 CHERTHPIACE OF MOTHER (State or country)	O P	o) General nature of industry usiness, or establishment in hich employed or (employer)
13 BERTHPLACE OF MOTHER (State or country) Mary land		L FATHER
13 BIRTHPLACE OF MOTHER (State or country) Mary land	STNE	OF FATHER
(State or country) Mary laws	<	OF MOTHER Comma Juerques
		OF MOTHER
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	14 1	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Enna Kincaid		(Informant) Mrs Enna Kincaid
(Address)		(Address)
Filed Nov 20 1922 Frank Frager 3		ned 192

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No .--

St.; Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	18 3
(Month)	(Day) , 192 Z (Year)
17 I HEREBY CERTIFY, That I a	ttended the deceased from
nor 14 192 1, to 7	
that I last saw h alive on	202 17, 192.2;
and that death occurred on the date stat	ed above, atm.
The CAUSE OF DEATH % was as follows:	

Bronoho Pne	enghez!
(Duration)	yrsmosds.
Contributory measle	•
Secondary	
11 6/2 6	X Bala da
: / /	
*State the Disease Causing Deatl Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	jury; and (2) whether
18 LENGTH OF RESIDENCE (For Hos ients, or Recent Residents)	oitais, Institutions, Trans-
At place In the of death yrsmosda. Sta	e te,yrsmosda,
Where was disease contracted, if not at place of death?	MODROCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCO
Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Catholic Centry Elkton	Nov 20 , 19.2.2
20 UNDERTAKER	ADDRESS
	I W I mad 11.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Poreman," "Manager," "Dealtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retlred from or given up on account of the disease causing Death. gaged in domestle service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer. Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor. Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-(a) Foremun, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for mallgrant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis. tetanus) may be stated under the and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia:""Puerperal peritonitis," etc. can be ascertained as the cause. "Uraemla," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion." "Heart fallure." "Haemor vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), (Rocommendations on state-Example: Meastes Always qualify all The contributory "Coma," (merely (second-(disease

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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2,11.2

PLACE OF DEATH

County Cric	CERTIFICATE OF DEATH
Village or City Theor Eesther (No. , _ C	Registration Dist. No. 92 St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 BINGLE, MARRIED, WIDOWEO OR OIVORCEO (Write the word)	16 OATE OF OEATH (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 2/ 197-7
AGE If LESS than 1 day, hrs. OR mia.?	and that death occurred on the date stated above, at 3 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Burstion) yrs. I mos. 15 ds.
10 NAME OF FATHER Walter Typica 11 BIRTHPLACE OF FATHER	Contributory Secondary (Burstion) yrs. mes. ds. (Signed) Contributory (Address) Contributory (Address) Contributory
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Martha Lynch	Where was disease contracted, if not al place of death?
Filed Mou 23. 1922 Farm Drager Filed Mou 23. 1922 Farm Drager REFISTRAR 1 more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL Bille May 25., 1922 20 UNDERTAKER ADDRESS MULLAULI OU 16 W Savetore St. Both December V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Harmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill, (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile jactory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness -Coal mine, etc. Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipidheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified. is indefinite); Tuberculosis of lungs, meninunqualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee genital," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as prebably such, if impossible head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates "Puenpenal perilonitis," etc. State cause for which birth or miscarriage as "Puerpenal scplichaemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," "Senile," etc.), "Convulsions," "Dropsy," "Debility" Never report mere "Atrophy," acid—probably "Exhaustion," ACCIDENTAL, ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MISOSA MISOSA

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK --- THIS IS A PERMANEN FOR BINDING RGIN RESERVED S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Va local 11001	CERTIFICATE OF DEATH
County 11901	(20)
7	Registration Dist. No.
Village or City Tair Seel (No.	
Vinage of City (No	St; Ward) (If tlenth occurred in
201	a hospital or institu- tion, give its NAME in-
2 FULL NAME David Mc Can	stead of street and number.)
PERCONAL AND CTATICTICAL PARTICULAR	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH 2
WIDOWED WIDOWED	1, 162 2
Male White the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Vest 1839	that I last saw halive on, 192
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 10.30 Q.m.
If LESS than	
83 7 13 I dayhrs.	The CAUSE OF DEATH of was as follows:
	f f f
8. OCCUPATION (a) Trade, profession or	maden Death
particular kind of work. Tarmer	
(b) General nature of industry	
business, or establishment in	(Duration) yrs, mos, ds,
which employed or (employer)	Contributory Ohrancia D
9 BIRTHPLACE (State or country)	Secondary Ohrunic Fareuchymatics
Memsylvania	(Duration) VIA Horthra
10 NAME OF STATHER	mitter RINGA and Inches
Janu / arus	(Signed) 1744
11 BERTHPLACE OF FATHER (State or country) Olima	Mon 27 192 2 (Address) Colollare
State or country Oluna	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
C 1 12 MAIDEN NAME	Accidental, Suicidal or Homicidal,
a OF MOTHER Mare Meerte	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER	At place In the of death yrs. mos. da, State, yrs. mos. da
(State or country) α , α ,	of death yrs mos da, State, yrs
14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) My aude Marie	Former or usual zesidence
E 12 -	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Celston 77 05 - Ind	7/ 1/ C D. MATE OF BURIAL
n = n	feal of Whichong and 100, 30, 1922
Filed Jou 29 192 About hager	20 UNDERTAKER ADDRESS
Registrar	12 Colo - 1 Boll 2nd
	1. J. Claimacky Welklin, ma
a divie omnas are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Gensus and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, er," etc., without more precise specification as Day whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wonworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very Important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

ture of the injury, as fracture of skull, and consehead of "contributory." quences can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia." causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcasics (disease (name origin; "Cancer" is less definite; avoid inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of unquallfied, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medleal Association.) ment of cause of death approved by Committee on train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerpenal peritonitis," diseases resulting from childbirth or misearriage as "Uraemia," "Weaknes:" etc., when a definite disease vulsions." ary), 10 ds. Never report mere symptoms or terminal Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Poisoned by carbolic acid-probably suicide. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (e. g., scpsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" Mcastes; (merely (second-

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N. B.

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PLACE OF DEATH	STATE OF MARYLAND
Coail 11002	CERTIFICATE OF DEATH
County ClCil 11966	Bouletontine Diet No.
	Registration Dist. No.
Village or City Somland (No.	St: Ward) (If death occurred in
Village or City.	a hospital or institu- tion, give its NAME in-
mas & Man me K	ntend of street and number.)
² FULL NAME / WWY OWN // YOU	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Olidar	16 DATE OF DEATH
MARRIED, WIDOWED	Nov. 16, 1922
Female White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	
1	mor 10. 1924, to Mor. 161. , 1922
Slov. 17 1840	that I last saw h. A. alive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at . J
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
(7) I dayhrs.	THE CAUSE OF PERSON AND AD TOPON .
8 OCCUPATION (a) Trade, profession or	merculosu of the dungs
particular kind of work	
(b) General nature of industry	Dopal - Mura
business, or establishment in which employed or (employer)	(Duration)yrsmosde
9 BIRTHPLACE	Secondary Secondary
(State or country) Rucks (b. Pa.	Duration 5 minulation) yrs. mos. de
10 NAME OF	11 rest of 'll
FATHER Office Class	(Signed) M.D.
2 11 BIRTHPLACE	bor. 17. 192.2 (Address) horth East. Ma
b of father	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
(State or country) Sunnu,	Accidental, Suicidal or Homicidal.
◆ OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a Olyabelh Hager	ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos da. State, yrs mos da.
(State or country) Thura,	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mary Jolyladely	Former or usual residence.
22 1 Mach tot last 1	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
(Address) 324 Million of Cont	Charlestown and love 19 1922
15	20 UNDERTAKER ADDRESS
Filed 7/57 /8 1922	SO & SA
Contract of the Contract of the Registrar	19. O. Mason Oxford 09
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tiou applies to each and every person, irrespective of eupation is very important, so that the relative healthfulness of various pursuits can be known. Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on -Coal minc, etc. Wom-But in many The ques-

Statement of Cause of Death—Name, first, the pissase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e.g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or Poisoned by carbolic acid-probably suicide. State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as ean be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, ary), 100 ds. causing death), 29 ds.; Bronchopncumonia vulsions." stated unless important. Example: Mcasics (disease (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; -accident; Revolver wound of head-homicide; "Debility" ("Cougenital," "Senile," etc.), such as "Asthenia," VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on stateaffection need uot be "Anaemia" Always qualify all "Coma," "Haemor-(second-(merely

if this cerificate is looked over thoroughly and all questions an worded in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state GAUSE OF DEATH in plain terms so that it may be properly chassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK---THIS IS A PERMANEN BINDING AGIN RESERVED FOR WRITE

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County County 11963	Registration Dist. No.
Village or City Trincepio (No. ,	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OF RACE 5 SINGLE, MARRIED MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Nov /2 AL (Month) (Day) (Your) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on, 192
If LESS than dayhrs.	The CAUSE OF DEATH of was as follows: The CAUSE OF DEATH of was as follows: The CAUSE OF DEATH of the was as follows: As being Struck by an automobile. Ascidentally - NKill Fracture and
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	Contributory Secondary
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 NAIDEN NAME 12 MAIDEN NAME	(Signed) Mules T. Ma grate State (1) Means of Injury; and (2) whether Accidental, Snieldal or Homicidal.
12 MAIDEN NAME OF MOTHER Margery Foster 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs. mos. da. ln the State, yrs. mos. da.
(Informant) Turs. albert Tuckle	Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov. 18 192 x A.R. Cacarose Registrar	Lea Gatterson Verryille
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No/1-441

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never Yeaum "Laborer," "Foreman," "Manager," "Dexl-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs.). For persons who have no occupation Housemeid, etc. If the occupation has been changed to report specifically the occupations of persons exworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Duy -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; ingex, peritonacum, etc., Carcínoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and conse diseases resulting from childbirth or miscarriage as can be ascertained at the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion." "Heart vulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" stated unless important. Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental. Suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under "Puerperal seplicaemia," "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease (secondary or intercurrent) affection need Poisoned by eurholic acid-probably suicide. The na-Whooping cough; rain-accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), Chronic valvular Example: Measles (disease failure," "Hacmorheart discase; (second-(merely etc.

It this certificate is looked over thoroughly and all questions bewered in detail, it will prevent further correspondate. All the lata is essential and must be obtained before the ortificate is permanently filed.



-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. SCORD A PERMANEN BINDING FOR WITH UNFADING INK---THIS RESERVED SIN WRITE

vi.

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PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Cecil 1190,4	Registration Dist. No. 92
a colo-	Registration Dist. No.
Village or City Meser Elklon (No	St.; Ward) (If death occurred in
14.	n hospital or lustitu- tion, give its NAME in- stead of street and
2 FULL NAME Theery Onicy	number.)
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	Nov 12 1922
10 While WIDOWED OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192
acquel 10 1912	that I last saw halive on192
month) (Day) (Year)	and that death occurred on the data statad above, at / 1
7 AGE	The CAUSE OF DEATH & was as follows:
10 yrs. 9 2 I dayhrs.	Diphtheria
8 OCCUPATION O O	
(a) Trade, profession or School	
(b) General nature of industry	7-1
business, or establishment in which employed or (employer)	(Duration) yrs, mos, de.
9 BIRTHPLACE	Contributory Secondary
(State or country) Penna	(Duration)yrsmos de.
10 NAME OF FATHER A.	(Signed) Miller 4. Magrae Coroniers
Undrew One Cruh	1. Thit fer. mile flyright
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from
(State or country)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of mother of the	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER (State or country) Poland	At place In the of death yrs mos da, State, yrs mos da,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
0 1 00 1	Former or
(Informant) Cendrew Unicych	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Elston	SOLL CALLES 12 12
15	With atholic wity 100 13,192 ?
Filed Jone 13 1922 Tesaus Jager	20 UNDERTAKER ADDRESS
Registrar	7. Wiffin Witon
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househonsehold only (not paid Housebeepers who receive a on at home, who are engaged in the duties of the laborer, Farne laborer, Laborerer, etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an worked on may form part of the second statement. (c) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stutionary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quesenpation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal minc, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic earebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of eause of death approved by Committee quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition." "Marasans," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated nuless important. use of "Tunuer" for malignant neoplasms); Poisoned by curbolic acid—probably suicide. State cause for which surgical operation was undervulsions," eansing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Measles "Anaemia" Mousics; (second-(merely (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 7 1922

V. S. No. 1.

PLACE OF DEATH 11905	STATE OF MARYLAND CERTIFICATE OF DEATH
County Cecil	Registration Dist. No. 92
Village or City Election (No. 241, E	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widowed OR DIVORCED (Write the word)	(Month) (Day) (Year) 16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
G DATE OF BIRTH August 25, 1567 (Month) (Day) (Year)	Oct 15 1922, to 20, 1922 that I last saw her alive on 20, 1922
7 AGE If LESS than I dayhrs. yrs. 2 mos. 2 ds. or min. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work.	Chrome Sudocarditis
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Manyland	Contributory
10 NAME OF FATHER Jobias Rudulph	(Signed) (Duration) well mos. da. (Signed) (Duration) W. D. 1922 (Address) Death, or, in deaths from
OF FATHER (State or country) Clitten Maryland 12 MAIDEN NAME OF MOTHER Mary agusta Hassan	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Senica Pt. Maryland	At place of death 6. yrs. 5 mos. da. In the State,yrs
(Informant) Pudulsh of Faguart	Former or usual residence. Electors Mary and
(Address) Elkton, Makeyland	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL Presby terian Country Chan hand 23 1922
Filed Mac 22 1922 Thank Bagur	20 UNDERTAKER ADDRESS ELKton Me
If more blanks are needed address State Registrar	18 W Saratoga St., Balto., Requesting V. S. No. 1.

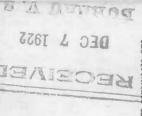
(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.) For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it en at home, who are engaged in the duties of the laboref, Farm taborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Satesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobite factory. For many occupations a single word or term on The material

Typhoid fever (never report "Typhoid pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemle eerebro ed term for the same disease. Examples: Cerebrospinal to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia; Bronchopneumonia ("Pneumonia," Statement of Cause of Death-Name, first, the bis-

> ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the head of "contributory." ture of the injury, as fracture of skull, and couse-Poisoned by carbotic acid-probably suicide. The naas probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. use of "Tumor" for malignant neoplasms); Meastes; inges, perilonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, mon Nomenclature of the American Medical Association.) train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitiat nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Never report mere symptoms or terminal Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Measles Always qualify all (disease

the certificate is permanently filed. tions answered in detail, it will prevent further correspondance. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



PLACE OF DEATH	STATE OF MARYLAND
6 seel	CERTIFICATE OF DEATH
County 11006	District No. 5/2
0 . 11	Registration Dist. No.
Village or City Peripelle (No. ,	Stown Ward) (If death occurred in
Village of City V	a hospital or institu- tion, give its NAME in-
Atill Birth	stend of street and number.)
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH No. 10 1 1 1 1 1 1 1 1
markied Jugle	16 DATE OF DEATH November 29th, 1022
Male Witte the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	now 20 - West 39 2
20 1 00 000	1927, 10
Morrufar 27 1922	that I last saw h and on the fully , 192 ,
(Month) (Day) (Year)	and that death occurred on the date stated above, at
TAGE 1.100 H If LESS than	The CAUSE OF DEATH & was as follows:
Lill Butte I day hrs.	0
	Prolation Al Sulatical Cord in
8 OCCUPATION (a) Trade, profession or	Thought of cultural cal ara to
particular kind of work.	Drawing Tresulation
(b) General nature of industry business, or establishment in	(Duration)yrs,mosds,
which employed or (employer)	
9 BIRTHPLACE Me 1	Contributory Secondary
(State er country)	(Duretion)yrs,mos, ds,
10 NAME OF 2/	(Signed) T. Magrall M.D.
EATHER /meerso dellare	A da Hospinelle
2 II HIRTHPLACE	160. 47 192.2 (Address)
OF FATHER (State or country) Haly	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
X 12 MAIDEN NAME	
a OF MOTHER automette Vicalio	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE O+ 1	At place In the
OF MOTHER (State or country) Laly	of death yrs. mos da. State, yrs mos da.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Vincenzo Sellare	Former or usual residence.
00'11	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jeryelle	Wit En Marthy Co Mov- 3019 37
15) () () () ()	2 UNDERTAKER ADDRESS
Filedray 30 1922 Lity tuster	P 100
Defected Registrar	Xel a Mallinson Verryalle
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the additional line is provided for the latter statement; it gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm toborer, Laborer-Coal mine, etc. er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on 0i: At Home, For persons who have no occupation and children, not gainfully em-The material Пош-

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." Poisoned by carbolic acid-probably suicide. discuses resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," "Dropsy," "Exhausticm," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Chronie interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart FOR VIOLENT DUATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease Meastes; (seconddisease; (merely

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All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK---THIS IS A PERMANEN RGIN RESERVED FOR BINDING WRITE

V. S. No. 1.

PLACE OF DEATH County Care 11907	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Elkton (No. 1) 2 FULL NAME Track 74. Thor	St.; Ward) (If death occurred in a haspital or institution, give its NAME instead of street and mumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Colord Single, Married Widowed OR Divorceb (Write the word)	(Month) (Day), 11.2 2 (Month) (Day), 11.2 2 (Year)
6 DATE OF BIRTH (Month) (Day), 1896 (Year)	8 ef 10 1922, to 100 28, 1922, that I last saw hem, alive on 100 12, 1922,
7 AGE 1 LESS than 1 dayhrs. 2 6 yrs	The CAUSE OF DEATH & was as follows:
8. OCCUPATION (a) Trade, profession or Farm Laborn particular kind of work	talier. Melial regurge
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF Ross Thornpoor	(Signed) (Duration) yrs., mos. da. (Signed) M.D. MOV. 28 1922 (Address) Elblore
of FATHER OF COUNTRY Mary Care (State or country) MAIDEN NAME 7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Many Carel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs. mos da. State, yrs mos da.
(Informant) Post Monthson	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Cherafielle Chy hel	Concord Cesil County mr 29, 1922
Filed Jua 28 1922 Joseph Gray's Registrar	20 UNDERTAKER ADDRESS Elector Let
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealstate occupation at beginning of illness. If retired from household only (not paid Housekcepers who receive a worked on may form part of the second statement Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing brath Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, For persons who have no occupation and ehildren, not gainfully em-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uracmia," "Weakness." etc., when a definite disease rhage," "Iuanition." "Marasmus," "Old Age," "Shock," symptomatle), "Atrophy," "Collapse," "Coma," couditions, such as "Asthenia," "Anacmia" (merely ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." "Haemor stated unless important. vulsions." causing death), 29 de.; Bronchopneumonia (seeond-Chronic interstitial nephritis, etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; (name origin; "Caucer" is less definite; avoid For VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Seuile," etc.), (Recommendations on state-Example: Measles The contributory (disease

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S No. 1.

	PLACE OF DEATH 11908	STATE OF MARYLAND
_	1. Cecil	CERTIFICATE OF DEATH
Vill	age or City Elklon (No. (No. 2 FULL NAME Earl William)	Registration Dist, No. Hopkital St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH NOV. 20, 192. 7 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	192 to 20 20, 1922
	Nor 10 1922	that I last saw he alive on May 20 , 192 2,
7.40	(Month) (Day) (Year)	and that death occurred on the date stated above, at
- 220	l dayhrs.	The CAUSE OF DEATH & was as follows:
0 b 0 (t	CCUPATION Trade, profession or articular kind of work General nature of industry usiness, or establishment in hich employed or (employer) CETHPLACE (State or country) TO NAME OF	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds.
ENTS	H BIRTHPLACE OF FATHER (State or country) H Sixty Wangland	(Signed) M.D. Nov VI 192 (Address) M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
PARE	12 MATDEN NAME Bernice Shells	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
14 7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death?
15	(Informant) (Address) (Address)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DOV 2/, 19.22 20 UNDERTANCE ADDRESS ADDRESS Mullingfor
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(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the ·(a) Foreman, (b) Automobile factory. whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cuployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Epinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Civil engineer, Stationary fremen, etc. fulness of various pursuits can be known. The ques Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day The material But iu many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia")." Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on state quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained and the cause. Always qualify all symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (secondstated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origiu; "Cancer" is less definite; avoid Poisoned by carbolic acid--probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT DUATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemic." "Puerperal peritonitis," "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy." "Enhausticn," "Heart vulsions," ary). 10 ds. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant ucoplasms); Meusics; uuqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile." etc.), Never report mere symptoms or Example: Measles failure." "Haemorterminal (disease (merely not be etc.

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Village or City. Rolla SENT.	STATE OF MARYLAND CERTIFICATE OF DEATH Corporate Cinits Ward [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 I SINGLE	dears 16 DATE OF DEATH Nov 30, 1927 (Month) (Day) (Year) 17 LHEREBY SERTIFY. That I attended deceased from
6 DATE OF BIRTH	Nov. 28 1022 nov 30
	that I last saw h alive on nov 29, 1927, 1927, 1927, 1938 and that death occurred on the date stated above, at 39 m.
yrs, 6 mos, 27 ds. OR	min.? The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)	Chaples of the state of the sta
9 BIRTHPLACE (State or country)	Contributory arteries Eclerose
OF FATHER When Mullike	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Merkluss	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmesds. Where was disease contracted,
(Informant) Rellie M. Journel	frot at place of doath?
	Prace of Burial OR REMOVAL DATE OF BURIAL Union Chafel cemetry Dec 2, 1922 20 UNDERTAKER ADDRESS Brand Dandson Upper Jallo
g If more blanks are needed, address State I	Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, second For persons who have no occupation whatever very important, so that the relative healthfulvarious pursuits can be known. The question statement. Women at home, who are engaged in therefore an additional line Never return "Laborer," Locomotive engineer, Civil But in many cases, If retired from of

TO LOCAL REGISTRAR No. 92 DATE

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths head-homicide; Poisoned "PUERFERAL perilonilis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," lapse," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Anaemia" (inerely symptomatic), Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic volvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," The contributory (secondary or intercur-"Convulsions," "Debility" by corbolic acid-probably "Puenperal septichaemia," "Dropsy," "Exhaustion," "Uraenia," "Weakness, State cause for which (Recommendations Never report mere "Atrophy," "Colimportant. nound ("Con-

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APR 6 1995

W. Z

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/ c	PLACE OF DEATH OUNTY CLUB 11910	STATE OF MARYLAND CERTIFICATE OF DEATH
Vill	age or City Perrylille (No. ,	Registration Dist. No. St.; Ward) (If death presented in a lumpital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 AC (E P) (H O b W 9 B	ATE OF BIRTH (Month) (Month)	16 DATE OF DEATH November 22, 1922 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Mov. 1922, to Mov. 22 1922, that I lost saw in Malaive on Mov. 2 2011, 1922, and that death occurred on the date stated above, at 1922, and that death occurred on the date stated above, at 1922, and that death occurred on the date stated above, at 1922, and that death occurred on the date stated above, at 1922, and that death occurred on the date stated above, at 1922, and that death occurred on the date stated above, at 1922, and that death occurred on the date stated above, at 1922, and that death occurred on the date stated above, at 1922, and the Discourse Causing Death, or the deaths from State the Discourse Causing Death, or the deaths from State the Discourse Causing Death, or the deaths from
PARENTS	12 MAIDEN NAME OF MOTHER LEGE CA, JULY . 13 BIRTHPLACE	"State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents) At place.
	OF MOTHER (State or country) Many land.	of death yrs da, State,yrs mosda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of death?
	(Informant) Musice Strute	Former or usual residence.
10	(Address) Levryvilles and.	19 PLACE OF BUHIAL OR REMOVAL BATE OF BURIAL A Markes Constant 10 2 27
	Filed Nos. 24 1922 N.R. Caeucou Rogistrar	Le a. Pattuson Serfiele
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1		

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day If the occupation has been changed -Coal minc, etc. Wom-The ques-

EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Lobar pneumonia, Bronchopneumonia ("Pneumonia," Statement of Cause of Death-Name, first, the DIS-

> ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (secondstated unless important. (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure," "Haemor-(secondary or intercurrent) affection need not be Chronic interstitial nophritis, etc. The contributory Whooping cough; Chronic valvulur heart discase; ment of cause of death approved by Committee ou head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Nomenclature of the American Medical Association.) For VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease Always qualify all Measles; The na-(merely

tions answered in detail, it will prevent further correspondence. At the data we essential and must be obtained before the certificate is pen anently filed. If this certificate is looked over thoroughly and all ques-

